

EXHIBIT A



(1)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Disable Pro. Se Jimmie T. Stringer P.O. Box 1421 Oakland Ca. 94604 510-302-8248 TELEPHONE NO: 510-451-4270 FAX NO. (Optional): 981-4192 E-MAIL ADDRESS (Optional): 614 16th Oakland Ca 94612 ATTORNEY FOR (Name): Defendant Dr. V. White of Lifelong Medical Clinic		FILED ALAMEDA COUNTY AUG 10 2007 CLERK OF THE SUPERIOR COURT By <u>Jascha Perrot</u> Deputy
NAME OF COURT: STREET ADDRESS: ALAMEDA COUNTY SUPERIOR COURT MAILING ADDRESS: 1225 CALLOW STREET CITY AND ZIP CODE: OAKLAND CA 94612-4280 BRANCH NAME:		
PLAINTIFF: Jimmie Stringer DEFENDANT: Dr. V. White		
<input type="checkbox"/> DOES 1 TO <u>1</u>		
COMPLAINT—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> AMENDED (Number): Type (check all that apply): <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER (specify): <input type="checkbox"/> Property Damage <input type="checkbox"/> Wrongful Death <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other Damages (specify):		
Jurisdiction (check all that apply): <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000 <input checked="" type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint <input checked="" type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited		
		CASE NUMBER: PG 07340250

1. PLAINTIFF (name): Jimmie Stringer
alleges causes of action against DEFENDANT (name): Dr. V. White
2. This pleading, including attachments and exhibits, consists of the following number of pages: pleading 13 pages
3. Each plaintiff named above is a competent adult verse 1
 - a. ☒ except plaintiff (name): Jimmie Stringer
 - (1) ☐ a corporation qualified to do business in California
 - (2) ☐ an unincorporated entity (describe):
 - (3) ☐ a public entity (describe):
 - (4) ☐ a minor ☒ an adult
 - (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) ☐ other (specify):
 - (5) ☐ other (specify):
 - b. ☒ except plaintiff (name): Defendant Dr. V. White of Lifelong Medical Clinic
 - (1) ☒ a corporation qualified to do business in California
 - (2) ☐ an unincorporated entity (describe):
 - (3) ☐ a public entity (describe):
 - (4) ☐ a minor ☒ an adult
 - (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) ☐ other (specify):
 - (5) ☐ other (specify):

☐ Information about additional plaintiffs who are not competent adults is shown in Complaint Attachment 2

SHORT TITLE:

Disabile Petitioner seeks Relief in Monetary

CASE NUMBER:

10. The following causes of action are attached and the statements above apply to each (each complaint must have one or more causes of action attached):

- a. ☒ Motor Vehicle
 b. ☒ General Negligence
 c. ☒ Intentional Tort
 d. ☐ Products Liability
 e. ☐ Premises Liability
 f. ☐ Other (specify):

11. Plaintiff has suffered

- a. ☐ wage loss
 b. ☒ loss of use of property
 c. ☒ hospital and medical expenses
 d. ☒ general damage
 e. ☐ property damage
 f. ☐ loss of earning capacity
 g. ☒ other damage (specify): school, Family

12. ☐ The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. ☐ listed in Complaint—Attachment 12.
 b. ☐ as follows:

13. The relief sought in this complaint is within the jurisdiction of this court. for Relief in monetary Award Against the Doctor Medical violation against her patient

14. PLAINTIFF PRAYS for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) ☒ compensatory damages \$1645,000.00.
 (2) ☒ punitive damages \$250,000.00
 b. The amount of damages is (you must check (1) in cases for personal injury or wrongful death):
 (1) ☒ according to proof.
 (2) ☒ In the amount of: \$895,000.00

15. ☐ The paragraphs of this complaint alleged on information and belief are as follows (specify paragraph numbers):

Date: 8-9-07

Terrence Stringer

(TYPE OR PRINT NAME)

Terrence Stringer

(SIGNATURE OF PLAINTIFF OR ATTORNEY)

1 PRO SE JIMMY T. STRINGER
2 P.O.BOX 1421
3 Oakland, Ca. 94604
4 510-302-8243 cellpho #

5 DR.V.WHITE OF LIFELONG MED. CLINIC. INC
6 616 16th STREET
7 Oakland, Ca. 94612
8 510-451-4270 fax: 981-4192

9 SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

10 JIMMY T. STRINGER,

11 Plaintiff,

12 vs.

13 DR.V WHITE OF LIFELONG MEDICAL
14 CLINIC,

15 Defendant

) Case No.: No.
) DISABLE PETITIONER SEEKS MONETARY
) RELIEF FOR MEDICAL MALPRACTICE, STRICT
) LIABILITY, GROSS NEGLIGENCE, PERSONAL
) INJURIES PUNITIVE & COMPENSATORY
) DAMAGES UNDER DISABILITY AND FEDERAL
) TORT LAWS AS A MEMORANDUM OF POINTS
) AND AUTHORITIES IN SUPPORT OF
) AFIDAVIT FOR MORE DEFINITION OF
) DECISION

16 UNDER CIVIL LOCAL RULES A GENERAL DUTY JUDGE WOULD SERVE BEST CONCERNING THE
17 MATTERS OF PETITION FOR A HEARING IN A ORAL DEBATE FOR DEPUTE OVER MONETARY
18 RELIEF IN THE VIOLATION OF CONSTITUTIONAL CIVIL OF RIGHTS GOVERNING BY LAW.

19 JURISDICTION IN THIS COURT MEETS THE FINDING IN ACCORD WITH CIV. LR, IN THE
20 STATE OF CALIFORNIA UNLIMIT AND LIMITED UNDER FEDERAL CIVIL PROCEDURE 28 USC
21 1313

22 VENUE IS APPROPRIATE IN THIS COURT BECAUSE BOTH THE PLAINTIFF AND RESIDE IN
23 THIS DISTRICT AND SUBSTANTIAL AMOUNT OF THE ACTS AND OMISSIONS GIVING RISE TO
24 THIS LAWSUIT OCCURRED IN THIS DISTRICT.

25 NOW COME JIMMIE T. STRINGER PLAINTIFF IN THE ABOVE STYLE IN ACCORDANCE WITH
RULES AND REGULATION IS A RESIDENT OF OAKLAND CITY, COUNTY OF ALAMEDA

1 CALIFORNIA.

2 DEFENDANT DR. WHITE OF LIFELONG MEDICAL CLINIC IS NOW AND AT ALL TIMES
3 MENTION IN THIS COMPLAINT, IS A AGENT OF CORPORATION ORGANIZED AND EXISTING
4 UNDER THE LAWS OF THE STATE OF CAIFORNIA, ITS PRINCIPAL PLACE OF BUSINESS IN
5 OAKLAND CITY COUNTY OF ALAMEDA COUNTY CALIFORNIA.

6 FIRST CAUSE OF ACTION

7 THIS COMPLAINT OF THE DOCTOR'S PERFORMANCE IS DUE TO CONSTANT DISBELIEF THAT
8 HAS CAUSE PLAINTIFF TO ENDURE EMOTIONAL AS WELL AS INTENSE PHYSICAL PAIN.DUE
9 TO LACK OF CARE THAT HAS BEEN SHOWN OVER AND OVER FOR NO LOGICAL REASON.
10 DR.WHITE HAS SUFFER THE DISABLE PLAINTIFF IN THIS PETITION A MANY OF TIME
11 DISREGARDING THE REASONABLE CARE THAT THE PATIENT SHOULD HAVE RECEIVED DURING
12 THE VISITS TO DR.WHITE.THE FACT THAT THE PLAINTIFF SUFFERS WITH CHARCOT-MARIE
13 TOOTH DISEASE A PROGRESSIVE DISORDER THAT AFFECTS THE BRAIN, ARMS, HANDS, LEGS
14 AND FEETS.WHICH CAUSES THE BODY TO BECOME WEAK AS WELL AS CHRONICAL PAINS
15 THAT NEVER GO AWAY.DUE TO ARTHRITIS IN THE SPINAL CORD FROM PAST INJURIES.
16 THE R-LEG IS EXACERBATING IN THE RIGHT FOOT AT THE 5TH METATARSAL AS WELL
17 AS THE TENDON OF FIBULARIS LONGUS, LATERAL MALLEOLUS THAT CONTINUE TO HURT
18 PLAINTIFF IN SEVERELY DEBILITATING CHRONICAL PAINS THAT SUFFERS THE
19 PLAINTIFF'S DUE TO NOT HAVING HIS CAR.THE ON JOB INJURY 11-01-01 CAUSED
20 PERMENANT MUSCLE INFLAMMATION IN THE SHOULDER AS WELL AS NUMBNESS IN THE HAND
21 FROM TIME TO TIME DUE TO THE REQUIREMENT OF HOME DELIEVERY AND OTHER PHYSICAL
22 JOBS THAT THE PLAINTIFF SEEM TO ENJOY,BEFORE THE INJURY IN ATLANTA Ga.,TOOK
23 OVER THE PLAINTIFF'S LIFE.THE PLAINTIFF HAD REPEATLY EXPLAIN TO DR.WHITE THAT
24 HIS TRANSPORTATION IS MUCH NEEDED FOR THE PLAINTIFF IS TO MAINTAIN IN BEING
25 ACTIVE AND PRODUCTIVE IN PARALEGAL STUDIES AS WELL AS DAY TO DAY LIVING IF

1 THE PLAINTIFF IS TO RETURN BACK TO A WORKING LIFE.THE CAR IS NOT ONLY FOR THE
 2 PLAINTIFF,BUT FOR HIS 6YR OLD DAUGHTER AND HIS 9YR OLD DISABLE DAUGHTER WHO
 3 IS CONFINE TO A WHEELCHAIR.WHICH IS THE REASON WHY THE PLAINTIFF DROVE 3000
 4 MILES TO REGAIN COSTIDY OF HIS CHILDREN DUE TO THE EX LEAVING HIM AFTER THE
 5 ON THE JOB INJURY THAT HAS LEFT PLAINTIFF TOTALLY DISABLE ESPECAILLY DURING
 6 THE COLD SEASONS. DR.WHYTE STATED, (I HAVE NEVER MEET ANYONE WITH YOUR KIND OF
 7 MEDICAL CONDITION OUT OF THE 15 YEARS AS A DOCTOR), PLAINTIFF STATED, (KEEP
 8 WORKING IN THIS FILL FOR A 100 YEARS AND YOU WILL MOST DEFINITE LEARN
 9 SOMETHING NEW).

10 COMPLIANTS FOR CAUSE OF ACTION

11 1).2/9/07 PLAINTIFF SUBMITTED FORM BEFORE THE MARCH EXPIRATION DATE FOR
 12 PERMENANT DISABLE HANDDICAP CARD TO ENSURE PATIENT NEED FOR MAINTAINING FOR
 13 PARALEGAL STUDIES AS WELL AS FOR DAY TO DAY LIVING.DR.WHYTE HAS COMMITTED A
 14 LACK PROFESSIONAL CARE BY REFUSING TO RENEW THE FORM BY INFORMING PATIENT
 WITH A WRITTEN STATEMENT,LEAVING THE EMOTIONAL PATIENT TO SUFFER WITH ALREADY
 COMPOUNDING PROBLEMS BOTH MENTALLY AND PHYSICALLY.THE PLAINTIFF FEELS THE
 SITUATION WAS COERCE TO SURCON THE TICKETING ATTACKS TO GAIN CONTROLL OF
 CAR.WHICH HAS EXACERBATE THE SEVERE CHRONIC PAINS,PLAINTIFF SUFFER WITH.

15 2).PLAINTIFF WAS FORCE TO RETURN FOR ANOTHER VISIT DUE TO DR.WHYTE REFUSING
 16 TO SEE PATIENT ON 10-27-06.PLAINTIFF CALL IN ADVANCE TO INFORM THE CLINIC
 17 THAT PLAINTIFF WAS FORCE TO WALK DUE TO NOT HAVING ANY MONEY AND THAT
 18 PLAINTIFF WOULD MOST LIKELY BE LATE.PLAINTIFF ARRIVED AT 10:30 AND SET THERE
 19 AT THE CLINIC UNTIL 11:05 BEFORE BEING TOLD THAT DR.WHYTE DO NOT WANT TO SEE
 20 THE PLAINTIFF.WHICH PLAINTIFF EXPLAIN THAT HIS R-FOOT WAS IN SEVERE PAIN.YET
 21 NO CONCERN OF THE PATIENT HEALTH WAS TAKEN CONSIDERATION IN THE MATTER THAT
 COULD HAVE BEEN AVOIDED.PLAINTIFF EXPLAIN TO DR.WHYTE THAT PATIENT FEAR
 TAKING MEDICATION DUE TO INTERNAL BLEEDING THAT PLAINTIFF WAS FORCE TO DEAL
 WITH WHILE ON 800MG AND OTHER MULTIPLE LEVELS OF PRESCRIBED MEDICATIONS.A
 GREAT SUM OF THE STRESS THE PLAINTIFF HAS BEEN UNDER MOSTLY CONTRIBUTED FROM
 THE COERCIVE ATTACKES TO HIS CAR,TAKING OFF ITEMS;OIL CAP,PEN TO THE DRIVEBAR
 CONNECTED TO THE L-WHEEL AND BROKEN BACK WIDOW AS WELL AS CLOTHES AND TOOLEES
 TO MAINTAIN FOR THE CAR STOLEN TWICE HAS HIGHLY CONTRIBUTED TO THE STRESS

22 3).SINCE THE ON GOING ISSUES WITH THE PLAINTIFF,THE HANDS HAVE BECOME
 23 INCEASINGLY UNUSIBLE DUE TO NUMBNESS AND SEVERE PAINS THAT HAVE TOOK CONTROLL
 REDUCING QUALITY USE OF THE PLAINTIFF'S HANDS WHICH ARE TRULY VITAL.

24 STATEMENT OF FACTS

25 OVER THE YEARS THE PLAINTIFF HAS ENCOUNTER LIFE THREATING UNPERDICTABLE
 ACCIDENT FROM A CHILD TO PERSENT MOVEMENT.THE SEVERE INTERNAL PAINS HAVE PUT

1 LIMITATION ON THE PLAINTIFF TO WHERE CHRONICAL PAINS WILL NEVER LEAVE HIS
 2 LIFE.DUE TO HERNIATED DEGENERATIVE NEUROLOGICAL SPINAL DISORDER ALSO KNOWN AS
 3 IN THE MEDICAL FILL AS CHARCOT-MARIE TOOTH DISEASE THAT AFFECT THE MUSCLE
 4 MOBILITY OF THE PATIENT SUFFERING THIS FATAL PAINFUL LIVES.

5 ACCIDENTS OVER THE YEARS

6 1).AGE OF 5 PLAINTIFF WAS INJURY WHEN THE DRIVER HIT THE PLAINTIFF WITH THE
 7 BACK OF HIS BUMPER OF THE CAR ROLLING OVER THE HIS BODY AS PEOPLE NEAR BY
 8 YELL AT THE DRIVER TO STOP AND PULL FORWARD UP THE DRIVEWAY UNROLLING THE
 9 PLAINTIFF WHILE HE SET ON HIS BIGWHEEL CRYING TIRED UNDER THE BUMPER OF THE
 10 CAR.AFTER THE COMMOTION THE PLAINTIFF WAS IMMEDIATELY TAKEN TO THE HOSPITAL
 11 AND DIAGNOSS WITH HEAD,NECK AND ARM INJURIES TO THE PLAINTIFF'S RIGHT SIDE OF
 12 THE BODY DUE TO THE CAR ACCIDENT.

13 2).AGE 6 PLAINTIFF FELL FROM 3 STORIES OR HIGHER AT THE TOP OF TREE HITTING
 14 EVERY TREE BRANCH FALLING TO THE GROUND BOUNCING OFF THE GROUND 3 TO 4 FEET
 15 AND BACK TO THE GROUND LAYING UNCONSCIOUS WHILE BEING IMMEDIATELY RUSH TO THE
 16 HOSPITAL IN A COMMA STAGE FOR A DAY AND HALF.WAS DIAGNOSS WITH INJURIES TO
 17 BRAIN,NECK,BACK AND R-LEG IN A RAPP.MONTHS LATER PLAINTIFF HURT THE SECOND
 18 FINGER IN THE R-HAND TO WHERE THE DOCTORS HAD TO REMOVE THE FINGER NAIL OUT
 19 FROM THE DAMAGE THE PLAINTIFF ENDURE WHILE PLAYING.WHICH NOW THE PLAINTIFF
 20 STILL SUFFER FROM CHRONIC PAINS TO THIS VERY MOMMENT WITHOUT USE OF MEDICINE.

21 3).AGE 7 PLAINTIFF SUFFER A BLOW TO THE R-SIDE OF THE HEAD TO WARE BLOOD
 22 STARTED SHOTING OUT AND WAS IMMEDIATELY RUSH TO THE HOSPITAL FOR TREATMENT.

23 4).AGE 9 PLAINTIFF SUFFER A TEMPORARY LOSS OF CONTROL TO THE NECK,TO WARE THE
 24 PLAINTIFF HEAD BECAME STUCK,TURN IN A RIGHT POSITION FOR WEEKS UNTIL FINALLY
 25 RETURNING BY TO NORMAL POSITION.WHICH WAS CONTRIBUTED TO THE COLD ELEMENTS
 FROM THE DAMAGE SUSTAIN IN THE NECK PREVIOUSLY.WHICH THE PLAINTIFF STILL
 SUFFER FROM WITHOUT THE HELP OF MEDICATION DUE TO FEAR OF INTERNAL BLEEDING.

5).AGE 13 PLAINTIFF AWAKE NOT REALIZING HE WAS PARALIZE FROM THE SPINAL CORD
 ENABLING PLAINTIFF TO MOVE FROM THE SLEEPING POSITION HE WAKE UP IN DUE TO
 EXTREME PAINS.PLAINTIFF CRY OUT LOUD UNTIL HIS MOTHER AND SECOND OLDEST
 SISTER BOTH HAD TO PICK HIM UP OFF THE TOP BUNKBED WHILE THE PLAINTIFF LAY
 FACE DOWN AND CARRIED TO THE FLOOR(CARPET)AND LAID A HOT WET TOWEL THAT WAS
 SUITABLE ENOUGH TO PUT ON HIS BACK UNTIL THE PAINS RELEASED HIM FROM THE
 PARALIZING POSITION THE PLAINTIFF WAS IN DUE TO COLD ELEMENT SUFFER PERVOULY.

6).AGE 15 PLAINTIFF FELL TWO AND HALF STORIES FROM THE TOP OF A LIFE LINE
 THAT WAS TIED FROM ONE TREE TO ANOTHER,HITTING THE GROUND ON THE R-SIDE OF
 THE BODY CAUSING DAMAGE TO THE HEAD,R-SHOULDER,R-HIP,R-LEG AND R-FOOT,CAUSING
 LOSS TEMPORARILY.WHICH WAS NOTICE RIGHT AFTER THE FALL WHEN FRIENDS HAD TO
 PULL WEIGHTS UP OFF THE PLAINTIFF FROM THE RIGHT SIDE BECAME OF NO USE
 TEMPORARILY.DUE TO THE FALL THAT THE PLAINTIFF SUSTAIN WHILE PLAYING WITH
 FRIENDS.

7).AGE 19 PLAINTIFF RECEIVED A BLOW TO THE R-EAR AND LATER THAT DAY A BLOW TO
 THE TOP LEFT SIDE OF THE HEAD WITH A BRUM HANDLE CAUSING PAINS AND TEMPORARY
 LOSS OF EYE SIGHT AS WELL AS SEVERE PAINS TO THE BRAIN DUE TO BLOWS TAKEN.

8).AGE 21 PLAINTIFF RECIEVED A BLOW TO THE R-SIDE OF THE FACE CAUSING BLOOD
 TO SHOT FROM A HOLE IN THE R-SIDE OF THE NOSITROL AND TEMPORARY LOSS OF EYE

SIGHT FROM THE SAME HIT TO THE FOREHEAD CAUSING INTENSE PAIN ALL IN ONE BLOW.

9).AGE 25 PLAINTIFF SUFFER A 103 DEGREE ATTACK FOR THREE DAYS FROM THE WORK ON THE OLYMPIC HORSE SITE THAT WAS UNDER CONSTRUCTION IN CONYER,GA.IN THE HOT BLAZING SUN ON TOP OF A BRIDGE THAT LEFT THE PLAINTIFF OUT OF WORK FROM THE RESULT OF A HEAT STROKE TEMPORARILY.AND THE FIRST TIME AT AGE 16.

10).AGE 30 PLAINTIFF ON 11-01-01 SUFFERED PERMENANT MUSCLE DAMAGE TO THE DEGREE WHERE ANY PHYSICAL WORK COULD TRIGGER A PERMENANT LOST OF MUSCLE AND MOBILITY AS WELL AS BEING PARALIZE.DUE TO THE JOB'S HOME DELIEVERY REQUIREMENT LIFTTNG A TOTAL OF 60,000LBS TO 100,000LBS FROM 6AM TO 9PM,5 TO 6 DAYS A WEEK FOR 10 MONTHS CAUSING SHOTING PAINS ALL OVER PLAINTIFF'S BODY.

11).AGE 31 PLAINTIFF FELL HITTING BATHROOM FLOOR SPLITTING THE BACK OF HIS HEAD OPEN FROM THE MEDICATION AND STRESS THE PLAINTIFF WAS UNDER FROM WORRIES OF HOW HE WOULD BE ABLE TO MAINTAIN FOR THE CARE OF THE HIS CHILDREN.

12).AGE 33 PLAINTIFF SUFFER ANOTHER BLACK OUT AFTER JUST WAKING UP WHILE HITTING THE SINK AND TOILET IN THE BATHROOM TO THE POINT WHERE FAMILY MEMBERS HAD TO HELP PLAINTIFF OFF THE FLOOR AND RECOVER FROM MEDICATION ATTACKS.

13).AGE 35 PLAINTIFF SUFFER WITH ANOTHER ATTACK IN THE BACK AS WELL AS HEART JUST AFTER LEAVING PARALEGAL CLASS TO THE DEGREE WHERE THE PARAMEDICS OF ALTA BATES SAVE PLAINTIFF'S LIFE FROM DIEING DUE TO THE PHYSICAL COMPLICATION THAT SUFFER'S THE PLAINTIFF.

DELIBERATE OF CONSIDERATION

THE VERY FACT THAT THE PLAINTIFF SUFFER AND WILL MOST DEFINITLY CONTINUE TO. SHOWS NO REASON WHY THE PLAINTIFF SHOULD NOT RECEIVE MONETORY AWARDMENT FOR THE LACK OF PROFESSIONAL CARE THAT DOCTOR WHITE HAS SHOWN TOWARDS HER PATIENT IN PROVIDING FOR THE PLAINTIFF'S MEDICAL CONDITION.IN LIGHT OF THE VERY CONFLINTING ROLL THE PLAINTIFF HAS ENDURE,IT ONLY SHOWS THAT THE DISABLE ARE AMONG THE ONES WHO STILL HAVE TO DEAL WITH UNPROFESSIONALS AS IF DISABLE ARE THE MORONS AND SHOULD BE LEFT OUT IN THE COLD TO SUFFER OR DIE.DUE TO THEIR MENTAL OR PHYSICAL DISABILITIES THAT IS ALREADY EMOTIONAL ENOUGH TO DEAL WITH ESPECIALLY ONES WITH CHILDREN AND THEIR ON HANDICAPP THAT IS COMPLICATING.

PRAYER FOR RELIEF UNDER TORT LAWS

1).FIRST CLAIM FOR RELIEF:STRICT LIABILTY AGAINST DR.WHITE FOR PATIENT LOSING CAR TO CITATION PARKING AND SHERIFF DEPARTMENT OF OAKLAND,CA.THROUGH COERCIVE TICKETING THAT PATIENT GAIN AT SCHOOL AS WELL AS A RESIDENT AT PRESENT LOCATION OF 14TH AND MLK BVLD.THERE WERE DAYS THE PLAINTIFF WAS NOT ABLE TO MAINTAIN DUE TO SEVERE PAINS ESPECIALLY DURING COLD MORNINGS. 13 TIMES THE RELIEF.

2).SECOND CLAIM FOR RELIEF:MEDICAL MALPRACTICE,IT APPLIES TO DOCTORS, HOSPITALS AND OTHER HEALTH CARE PROFESSIONALS.AS WITH GENERAL NEGLIGENCE,IT DESCRIBES CONDUCT THAT DEVIATES FROM A REASONABLE STANDARD OF CARE.IT IS USUALLY NECESSARY TO PROVE THAT DEVIATION IN THE SAME FIELD OF PRACTICE IN WHICH THE HEALTH CARE WORKER WAS ENGAGED AT THE TIME OF THE INCIDENT. DOCTOR WHITE HAS SHOWN A LACK OF PROFESSIONAL CARE BY NOT PROIVIDING THROUGHT OUT TIMES PATIENT ATTENDED FOR TREATMENTS AS WELL AS ROUTINE CHECK UPS THAT WERE NOT PROVIDED.BUT DEFILED BY FALSE BELIEF THAT THE DOCTOR COERCE TO AVOIDED TREATING THE PLAINTIFF'S DEADLY ILLNESS,THAT SUFFERS THE PLAINTIFF DAY AND NIGHT WITHOUT THE HELP OF MEDICATION DUE TO INTERNAL BLEEDING FROM

MEDICATION. 13 TIMES THE RELIEF.

3). THIRD CLAIM FOR RELIEF: GROSS NEGLIGENCE IS THE LEVEL OF CAUTION, PRUDENCE OR FORETHOUGHT LEGALLY REQUIRED TO AVOID CAUSING HARM OR LOSS TO ANOTHER PERSON. IN DETERMINING LIABILITY, DEPENDING ON THE CIRCUMSTANCES AND THE RELATIONSHIP OF THE PERSONS INVOLVED. A PERSON MAY BE REQUIRED TO EXERCISE DEGREES OF CARE VARIOUSLY DESCRIBED AS "ORDINARY," "DUE," "REASONABLE," "GREAT," OR "UTMOST." FAILURE TO MEET THE APPLICABLE STANDARD CONSTITUTES A BREACH OF DUTY IN THE CORRESPONDING DEGREE --E.G., ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, RECKLESSNESS, WANTON OR WILLFUL MISCONDUCT, ETC. BY THE HANDS OF DOCTOR WHITE, THE PLAINTIFF HAS ENDURE EXTREME EXACERBATION OF PAINS IN BOTH L-R-FOOT AS WELL AS NUMBNESS IN BOTH OF THE HANDS SINCE BEING FORCED TO CRUTCHES. DUE TO REFUSING TO COMPLY WITH AMERICAN DISABILITY ACT, BY NOT ALLOWING PLAINTIFF THE RIGHT TO PERMANENT DISABLE CARD TO AVOID EXTREME LEVEL OF STRESS THAT HAS COST PLAINTIFF FINANCIALLY AS WELL AS PHYSICALLY AND EMOTIONALLY THROUGHOUT. 13 TIMES THE RELIEF.

4). FOURTH CLAIM FOR RELIEF: INFLECTION OF EMOTIONAL DISTRESS CAUSING THE PLAINTIFF TO LOSE WEIGHT AS WELL AS WORRIES OF HOW PLAINTIFF WOULD SUSTAIN DAY TO DAY LIVING WITHOUT THE USE OF VEHICLE FOR FOOD, SCHOOLING AND MEDICAL NEEDS BACK AND FORTH. DUE TO PHYSICAL PAINS THAT'S MOSTLY AFFECTED WITHOUT THE HELP OF TRANSPORTATION TO RELIEVE THE BURDEN THAT THE PLAINTIFF IS SUBJECTIVE THROUGHOUT THE DAYS IN PAIN. 13 TIMES THE RELIEF.

5). FIFTH CLAIM FOR RELIEF: PAIN AND SUFFERING FOR RETALIATION AGAINST A DISABLE ENTITLEMENT FOR MEDICAL TREATMENT IN THE COURSE OF PREVENTING PLAINTIFF FROM ENJOYMENT OF LIFE AND THAT OF FREEDOM WITHOUT ADDED ON SUFFERING IN THE ATTEMPT TO MAINTAIN THE NEED OF DR. WHITE'S MEDICAL EXPERTISE SORTED BY THE DISABLE PLAINTIFF WITHOUT SEARCHING THAT OF ANOTHER MEDICAL DOCTOR. DUE TO THE PLAINTIFF'S ALREADY EXTREME PHYSICAL AND EMOTIONAL SUFFERING CAUSED BY THE MEDICAL ILLNESSES. 13 TIMES THE RELIEF.

6). SIXTH CLAIM FOR RELIEF: DISCRIMINATION OF RIGHTS UNDER AMERICAN WITH DISABILITIES ACT FOR THE PROFILING OF A PHYSICALLY DISABLE BLACK MAN NOT OFFERING PROVEN CARE AFTER THE PLAINTIFF BROUGHT TO THE ATTENTION OF DR. WHITE THE MEDICAL RECORDS PLAINTIFF BROUGHT FROM ATLANTA GA TO PREVENT ANY UNWANTON PROFILING. DUE TO THE NORMAL APPEARANCE THAT ONE WOULD BE TRULY MISTAKEN AS A NORMAL NONDISABLED PERSON. THE VERY FACT DR. WHITE IS A BLACKWOMAN OF SIZE MAY DEMONSTRATE REASONS OF DISCRIMINATION AGAINST HER PATIENT IN NOT COMPLYING TO THE LAWS OF AMERICA WITH DISABILITIES. 13 TIMES THE RELIEF.

7). SEVENTH CLAIM FOR RELIEF: NEGLIGENCE IN GENERAL THE FACT THAT PLAINTIFF DROVE 3000 MILES FOR THE SEARCH OF HIS TWO DAUGHTERS. WHICH THE OLDER DAUGHTER SUFFERS WITH CEREBRAL PALSY BOUND TO A WHEELCHAIR MAKING THE PLAINTIFF FEEL AS IF HE HAS FELT TO MAINTAIN FOR HIS DAUGHTERS IN THE ATTEMPT OF REGAINING CUSTODY FROM THE GRANDMOTHER WHO HAS NOT SINCE HAVING THE PLAINTIFF'S DAUGHTERS ATTEMPTED TO HELP SEE THE OLDER DAUGHTER WALK. THE PLAINTIFF ALREADY FEELS IT'S HIS FAULT FOR LOSING HIS DAUGHTERS. DUE TO THE ON THE JOB INJURY THE PLAINTIFF SUSTAIN WHILE PROVIDING FOR HIS AS WELL AS HIS EX TWO OLDER CHILDREN. 13 TIMES THE RELIEF.

8). EIGHTH CLAIM FOR RELIEF: PUNITIVE AND COMPENSATORY DAMAGES FOR THE LOSS IN WHOLE TO MAKE UP FOR THE LOSS OF EDUCATIONAL TIME, VEHICLE AND TO PREVENT NOT ONLY THIS TO PLAINTIFF BUT FOR FUTURE RELUCTANT BEHAVIORS THAT HAS CAUSED ADVERSE AFFECTS UPON THE PLAINTIFF AS WELL AS THE PUBLIC AS A WHOLE IN THE ATTEMPT TO GET AWAY WITH COERCIVE MENTAL SUFFERING UPON THE DISABLE THAT SEEK

PROFESSIONAL UNDERSTANDING IN THEIR DAYS OF SUFFER RATHER IT'S MENTAL OR PHYSICAL EMOTIONAL DISTRESS. 13 TIMES THE RELIEF.

9). NINEHT CLAIM FOR RELIEF:PERSONAL INJURY FOR THE TOTAL LOST OF CAR AND EXPENES TO REGAIN POSSESSION OF CAR.

CALIFORNIA STATE AND FEDERAL LAWS

1). 212 CAL, RPTR 167 CAL, APP. 3D 21: DAMAGES KEY 56.20 BODILY INJURY CAN AND DOES RESULT FROM EMOTIONAL DISTRESS, AND THE INJURIES SO SUSTAINED MAY BE COMPENSABLE.

2). IN GENERAL: ON THE BASIS OF RACE, COLOR OR NATIONAL ORGINS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 [42USCS§300X OR 300-21] SHALL BE CONSIDERED TO TOWARDS PROGRAMS AND ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE.

3). PROHIBITION, NO PERSON SHALL BE ON THE GROUNDS OF SEX , BE EXCLUDED FROM PARTICIPATION IN , BE DENIED THE BENEFITS OF SERVICE OR BE SUBJECT TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITIES FUNDED IN WHOLE UNDER SECTION 1911 OR 1921.

4). §10.01 IN GENERAL: THE BASIC STANDARD OF LIABILITY IMPOSED BY CONGRESS UNDER THE ACT IS THAT WHICH LOCAL LAW IMPOSES ON A PRIVATE INDIVIDUAL SIMILARLY SITUATED (5) THE GENERAL STANDARD OF LIABILITY FOR TORT APPLICABLE TOPRIVATE INDIVIDUALS IS COMPENSATORY DAMAGES THAT IS DAMAGES IN SATISFACTION OF, OR IN RECOMPENSE FOR THE OR INJURY SUSTAINED AS A PROXIMATE RESULT OF THE MISCONDUCT WHICH GIVES RISE TO THE CAUSE. (6). THE CLAIMANT IS ENTITLED TO BE JUSTLY AND REASONBLY COMPENSATED FOR THE ELEMENTS OR ITEMS OF LOSS , INJURY OR GRIEVANCE TO THE EXTENT RECOGNIZED BY LAW.

5). COMPENSATORY DAMAGE TORT 1 §5:2 TO :26

6). DECLARATORY RELIEF TORT 4 § 39:8-22

7). EMOTIONAL DISTRESS TORT 1 § 11:1 TO § 23:12

8). INTENTIONAL INFLECTION OF EMOTIONAL DISTRESS TORT 1 §14:1 TO 14:6

9). MEDICAL MALPRACTICE TORT 3 § 1-3:00 REFUSAL TORT 3 § 32:9

10). DISABLED PERSON TORT 1 § 14:5:00 DISABILITY & MEDICAL CONDITION DISCRIMINATION STANDARD OF CARE REQUIRED OF 1 TORT § 1:26

11). PUNITIVE DAMAGE TORT 3 § 32:55

UNITED STATES CODE ANNOTATED

TITLE 28 FEDERAL RULE OF CIVIL PROCEDURE RULE 1 TO11

PRO SE COMPLAINT RULE 8: COURT WILL SCRUTINIZE PLEADING OF A NONLAWYER APPEARING PRO SE WITH SPEACIAL CARE TO DETERMINE WHETHER A COLORABLE CLAIM EXIST. GORDON V. CRONONLY. D.C.R.I. 1982, 554 F. SUPP. 796

FEDERAL PROCEDURE §10:150 COMPLAINT ATTEMP TO APPREHEND USE OF EXCESSIVE FORCE-CONSPIRACY-TO DEPRIVE PLAINTIFF OF LIFE & LIBERTY [28 USCA §1331, 1343; 42USCA §1983, 1985 FED CIV PRO RULE 8(A)]

69 A.L.R. FED. 712

1). AWARD OF ATTORNEY FEE TO PRO SE LITIGANT UNDER 42 U.S.C.A 1988 OF TITLE VII ACT OF 1976.

82 A.L.R. FED.800

2). RECOUPMENT BY PRO SE LITIGANT OF ATTORNEY'S FEE UNDER EQUAL ACCESS TO JUSTICE ACT (28 USCA §2412(D), 107 A.L.R. FED. 827

132 A.L.R. FED. 345

3). RIGHTS OF PREVAILING PLAINTIFF TO RECOVER ATTORNEY'S FEES UNDER §706(K) OF CIVIL RIGHTS ACT OF 1964 (42U.S.C.A. §2000E (K))

134 A.L.R. FED.161

4). TITLE VII FISHERVS. PROCTER & GAMBLE MFG. CO. (1980, CA5 TEX) 613 F 2D 527 GIBNEY VS. TOLEDO BD OF EDU. 730 OHIO APP. 3D 99- IX 596. N.E. 2D 591, 76 ED. LAW REP.208 (6th DIST. LUCAS COUNTY 1991) VI CLEVELAND BAR ASSU. VS. HERON 112 OHIO ST 3D 564 CODE OF RESP.DR 9-102 A), (B), (34)

CALIFORNIA VEHICLE CODE

1).§22511.58 PHYSICIAN'S CERTIFICATE INFORMATION ;RELEASE TO SPECIFIED LOCAL AGENCIES REVIEW BOARD, PARAGRAPH (A) (B)

2).§ 5007 SHALL MAKE THAT INFORMATION AVAILABLE FOR INSPECTION BY THE MEDICAL BOARD OF CALIFORNIA OR THE APPROPRIATE REGULATORY BOARD.

3).§ 22511.5 DISABLE PERSONS OR DISABLE VETERANS PARKING PRIVILEGES (A) (1), (A) (B) (2) (3) (B)

4). ACCESS TO TRANSPORTATION (CAL.VEH.CODE §12806 & 12805 smith v.DMV(1984)163.CAL. APP 3D 321)

DISABILITY LAWS

1).SENATE BILL 1233 PROVISIONAL OF DISABLE PARKING ACT THE MISSOURI STATE MEDICAL ASSOCIATION

2).RIGHT TO CONSENT TO MEDICAL TREATMENT (CALI.PROB.CODE §3200 ET SEQ.)

3).USCS PAGE 112,VICTIM COMPENSATION & ASSISTANCE 10601

4).USCS PAGE 126,EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES 12001

5).1974 504 OF THE REHABILITATION IS DESIGN TO PROTECT PROVISIONS VIOLATED ENTITY AND PRIVATE UNDER 29USC SEC 794

6).Section 505 - Remedies, procedures and rights follow Title VI of the Civil Rights Act of 1964

7). IDEA (20 USCS § § 1400 et seq.) does not supersede plaintiff's right to assert claim under § 504 of Rehabilitation Act (29 USCS § 794), and disabled student may bring action asserting claims under both statutes; additionally, plaintiff is not precluded from also asserting claims under 42 USCS § 1983. Jonathan G. by & Through Charlie Joe G. v Caddo Parish Sch. Bd. (1994, WD La) 875 F Supp 352, 10 ADD 1130.

8).42 USCS § 1983, § 504 of Rehabilitation Act (29 USCS § 794), and § 302 of Americans with Disabilities Act (42 USCS § 12182) are not applicable. Glen by & Through Glen v Charlotte-Mecklenburg Sch. Bd. of Educ. (1995, WD NC) 903 F Supp 918, 12 ADD 830.

JUDICIAL VICTIMS IN AMERICA

WHAT JUDICIAL VICTIMS CAN DO

1. Victims Of Lawyer Theft: Research shows this is a large category and exceeds all types of formal complaints against lawyers nationwide. Theft occurs in a number of ways. Most common manner of theft is when a lawyer collects funds from his client-or on behalf of his client which are to be held in a trust account to be disbursed to a third party for a specific purpose or to be disbursed to the client. A civil and criminal action is encouraged.

2. Victims Of Lawyer Malpractice: Victims in this category are most common. A lawyer can be guilty of the sin of omission or commission and in either case create malpractice action for his client. Most malpractice transgressions occur through slothfulness of the lawyer in one form or the other. Other malpractice transgressions occur through dishonesty, fraud and a variety of actions or non-actions. A formal complaint with the state bar and generally a civil complaint is encouraged. There are about 400 lawyers nationwide who will consider malpractice lawsuits against other lawyers. Many malpractice victims will handle this lawsuit pro se simply because of the politics in the system. Be sure you get a jury for your malpractice case!

3. Right To Equal Protection Of Laws: Article XIV affords us equal protection of the laws. In the judicial system today there is a rule called "attorney privilege". There is no rule called "litigant privilege". The very existence of privilege for one and not for the other suggests a lack of equal protection of the laws

3. Complaint To State Victims Fund: At last count forty five states have a fund to partially reimburse victims of lawyer theft. Some of the funds are administered by the state and others are administered by the bar associations. First you must discover if your state has one of these funds and then if a fund is available file your complaint.

LAWS OF FACT

Title 42 U.S.C. s 1986, also holds every person who, having knowledge that any of the wrongs conspired to be done, and mentioned in section 1985 of this title, are about to be committed, and having power to prevent, neglects or refuses so to do, shall be liable.

The loss of liberty, property and Constitutionally guaranteed civil rights that flowed from these persons operating under color of law, towards Thomas is therefore actionable under Civil Rights Act OF 1871, Title 42 Sections 1983. 1985. 1986, 1988 and this court has jurisdiction for all parties pursuant to 28 U.S.C. 1331 AND 1343 (a).

1 The state courts have held that State Judges do not have immunity. It was most eloquently
2 stated in Rabon v. Rowen Memorial Hosp. Inc. 269 NSI, 13, 152 S.E.2d 485, 493 (1967) that,
3 "immunity fosters neglect and breeds irresponsibility, while liability promotes care and
4 caution, which caution and care is owed by the Government to its people."

5 In 42 U.S.C.A. 1983, and in Shore v. Howard, 414 F. Supp. 379 the court was definitive in
6 saying, "There is no Judicial immunity to civil actions for equitable relief under the Civil
7 Rights Act of 1871."

8 In the case of Fireman's Ins. Co. v. Washburn County, 2 Wis. 2d 214, 85 N. W. 2d 840
9 (1957), it was decided that, "Government immunity violates the common law maxim that
10 everyone shall have a remedy for an injury done to his person or property."

11 Through 42 U.S.C. 1983, Congress sought "to give a remedy to a party deprived of
12 constitutional rights, privileges and immunities by an official's abuse of his position."
13 Monroe v. Pape, 365 U.S. 167, 172 (1961). Accordingly, it authorized suits to redress
14 deprivations of civil right by person acting under color of any state statute, ordinance,
15 regulation, custom, or usage." 42 U.S.C. 1983. The requirement of action under color of
16 state laws means that the judicial defendants become liable for tortuous acts they commit
17 precisely because of their authority as judicial officers.

18 In separate disciplinary actions announced today, the Supreme Court of Ohio permanently
19 disbarred attorney Michael F. Dadisman and indefinitely suspended the license of attorney
20 Michael Leonard King, both of Independence, and imposed an 18-month suspension on
21 attorney Robert Earl Garfield of Pepper Pike.

22 2005-1615.Cleveland Bar Assn.v.Dadisman,2006-Ohio-1929.

23 On Certified Report by the Board of Commissioners on Grievances and Discipline, No. 02-52.
24 Michael F. Dadisman, Attorney Registration No. 0040997, is permanently disbarred from the
25 practice of law in Ohio.

Moyer, C.J., Resnick, Pfeifer, Lundberg Stratton, O'Connor, O'Donnell and Lanzinger, JJ.,
concur.

IN LAW FIRM'S ACTION AGAINST FORMER CLIENT FOR COLLECTION OF LEGAL FEE, LAW
FIRM'S PRODUCTION REQUEST FOR MATERIALS RELATED TO PRIOR LAWSUIT AGAINST
ATTORNEYS SOUGHT EVIDENCE RELATED TO HABIT OR ROUTINE PRACTICE, WHICH WAS
RELEVANT TO PROVE THAT CONDUCT ON PARTICULAR OCCASION WAS IN CONFORMITY WITH
HABIT OR ROUTINE PRACTICE. MCLEOD, ALEXANDER POWEL & APLFFEL, PC. V. QUARLES,
CA.5 (TEX.) 1990,894 F.2D 1482.

RULE 110 (A.J.C.) (A) WRIT OF CRITERIA, PERMANENT INJUNCTIVE RELIEF
EXTRAORDINARY LEGAL OR EQUITABLE

D) .SUBCH.1.GENERALLY:\$1981EQUAL RIGHTS UNDER THE LAW A STATEMENT OF EQUAL
RIGHTS,ALL PERSONS WITHIN THE JURISDICTION OF THE UNITED STATES SHALL HAVE
THE SAME RIGHTS IN EVERY STATE AND TERRITORY TO MAKE AND ENFORCE CONTRACTS,
TO SUE, BE PARTIES, GIVE EVIDENCE, AND TO THE FULL AND EQUAL BENEFIT OF ALL
LAST AND PROCEEDINGS FOR THE SECURITY OF PERSONS AND PROPERTY AS IS ENJOYED

BY WHITE CITIZENS AND SHALL BE SUBJECT TO LIKE EXACTIONS OF EVERYKIND.

CODE OF GEORGIA ANNOTATED

SETTLEMENT: MOTION TO ENFORCE SETTLEMENT AGREEMENT WAS PROPERLY GRANTED.O.C.G.A. §9-15-14 (B)

AMOUNT OF DAMAGE: IN ACTION FOR DAMAGES WHERE THER WAS EVIDENCE ALTHOUGH ALL OF IT WAS NOT UNCONTRADICTED THAT PLAINTIFF HAD SUFFER PERMANT INJURIES TO HER BACK AND SPINAL COLUMN, THAT HER EARING CAPACITY HAS BEEN REDUCED AS RESULT OF SUCH INJURIES, THAT IN ADDITION TO HOSPITAL, DOCTOR, DRUGS AND OTHER INCIDENTAL EXPENSES WHICH PLAINTIFF HAS ALREADY EXPANDED SHE WILL BE FORCE TO INCUR CERTAIN EXPENSES IN THE FUTURE AS RESULT OF HER INJURIES AND THAT HER BACK AND SPINE HAVE CONTINUED AND WILL CONTINUE IN THE FUTURE TO GIVE HER PAINS. HELD IT CAN NOT BE SAID THAT VERDICT FOR THE PLAINTIFF FOR \$16,000.00 WAS AS MATTER OF LAW SO EXCESSIVE AS TO SHOW BIAS AND PERJUDICE. HOLMES V.BURKETT 98 GA. APP. 189,192 (3),105 S.E. 2D 236 (1958).

PAIN AND SUFFER: CHARGE THAT COMPENSATION ALLOWABLE FOR PAIN SUFFERING RESTED WITH JURY NOT OBJECTIONABLE, AS SUGGESTING THAT JURY FIND FOR PERMNNENT INNJURIES. MAYOR & C.OF AMERICUS V. GAMMAGE,15 GA. APP. 805 (3) 84 S.E. 144(1915)

MEDIAL EXPENSE:CHARGE THAT PLAINTIFF IN PERSONAL INJURY ACTION WAS ENTITLED TO "REASONABLE MEDICAL EXPENSE" IS PROPER EVEN THOUGH THERE IS NO EVIDENCE AS TO WHAT AMOUNT WAS REASONABLE WHERE THERE IS EVIDENCE OF NATURE AND EXTENT OF SUCH SERVICE AND DEFENDANT FAILED TO CROSS-EXAMINE DOCTORS AS TO AMOUNTS CHARGED. LINBERT V.BISHOP, 96 GA. APP.652,101 S.E.2D 148(1957).

HEALTH OF PLAINTIFF:CHARGE ON MEASURE OF DAMAGES FOR IMPAIRED EARNING CAPACITY WAS ERRONEOUS BECAUSE IGNORING CONDITION OF PLAINTIFF'S HEALTH ETC.ATLANTA COCOA-COLA BOTTLING CO.V. HATHCOX, 45 GA. APP. 822,165.S.E. 902 (1932).

LEGAL MALPRACRICE:CROWLEY VS.TRUST COMPANY BANK OF MIDDLE GA. 219, GA. APP.531,466 S.E. 2D 24 (1996)

ENFORCEMENT OF JUDGEMENTS \$12.06
ENFORCEMENT OF MONEY JUDGEMENT § 12.07

The great irony of the case in Fulton County is that the plaintiff used provisions of the tort reform legislation passed two years ago to exclude two of the defense experts, and to add on roughly \$4 million in attorney fees and expenses in addition to the jury's verdict due to the defense rejection of an offer of settlement under OCGA 9-11-68. Thus, the insurance company that lobbied so hard for tort reform legislation is hoist upon its own pettard.

MEDICAL EXPENSES

- 1).HOSPITAL VISITS EMERGENCY & NONEMERGENCY = \$EXCEEDS 10,000
- 2).DOCTOR VISITS EMERGENCY & NONEMERGENCY = \$EXCEEDS 10,000
- 3).MEDICATIONS EMERGENCY& NONEMERGENCY = \$EXCEEDS 10,000
- 4).TESTS; MRI, NEUROLOGY, ETC. = \$EXCEEDS 10,000

TRANSPORTATION

1) . GAS = \$EXCEEDS 10,000
 2) . MILAGE = \$EXCEEDS 10,000
 3) . REPAIRS = \$EXCEEDS 10,000
 4) . TIRERS WARE & TARE = \$EXCEEDS 10,000

DEBTS

BANKS;
 SUNTRUST BANK: \$EXCEEDS 500.00
 WACHIVO BANK : \$EXCEEDS 500.00
 LOAN : \$EXCEEDS 235.00
 BILLS : \$EXCEEDS 260.00

SETTLEMENT AGREEMENT

PROPOSED SETTLEMENT THE PLAINTIFF IS SEEKING \$500,000.00 IN THE PAIN AND SUFFERING. AND \$250,000.00 IN PUNITIVE DAMAGES FOR THE PLAINTIFF'S INCURE LOST OF THE MARKET VALUE OF THE CAR \$5926.00 OT \$6000.00. ALSO TO ADD THE EXPENSES 13 TIMES THE TOTALL AMOUNT OF TICKETS, STORAGE, WRECKER FEE INCURED IN FINDINGS OF ACTION. THE PLAINTIFF IS ASKING FOR A TOTAL OF \$ 895,000.00, DUE TO MEDICAL MALPRACTICE COMMENTED AGAINST THE DISABLE PATIENT FOR THE ACTS DOCTOR WHITE COMMITTED IN REFUSE THE CARE NEEDED TOWARD THE PLAINTIFF IN THE VIOLATION OF THE DISABILITIES RIGHTS, DISABLE VEHICLE RIGHTS AND EDUCATIONAL RIGHTS. PLAINTIFF SEEK \$600,000.00 TO SETTLE IF ANY AGREEMENT WOULD COME IN THE MIST OF AVIODING A JURY TRIAL THAT WOULD NOT ONLY GRANT THE TOTALLING AMOUNT PLUS ADDICTIONAL MONETARY DAMAGE THAT THE COURT WOULD DEEM FAVORABLE TO THE DISABLE PLAINTIFF IN THE ACTION BROUGHT TO THIS COURT FOR RELIEF.

COMMENCEMENT OF CIVIL ACTION

§357 DISABILITY NESSITY OF EXISTENCE WHEN RIGHT OF ACTION ACCRUED.

PLEADING IN CIVIL ACTION

§425.10 STATEMENT OF FACTS IN DEMAND FOR JUDGMENT
 §425.11 PUNITIVE DAMAGES SERVICE OF STATEMENT FORM NOTICE TO DEFENFANT
 DR.WHITE FROM PLAINTIFF JIMMIE STRINGER RESREVING THE TO SEEK \$895,000.00 IN ACTION AGAINST DR.WHITE FOR PAIN AND SUFFERING.SEEKS A JUDGMENT IN THE SUIT FILE IN THIS COURT FOR AWARD OF THE PERPETRATOR ACTS.

DISABLE PETITIIONER JIMMIE T. STRINGER _____

ATTORNEY FOR OR DEFENDANT DR.V.WHITE _____

CERTIFICATE OF SERVICE

I CERTIFY THAT PLAINTIFF HAVE SERVED A TRUE AND CORRECT COPY OF THE FOREGOING
MONETARY SETTLEMENT AGREEMENT PETITION BY UNITED STATES POSTAL MAIL TO THE
DEFENDANT DR.WHITE OF LIFELONG MEDICAL CLINIC OF OAKALND CA. 94612

DR.V.WHITE OF LIFELONG MED. CLINIC. INC
616 16th STREET
Oakland, Ca. 94612
PHONE; 510-451-4270
FAX; 510-891-4192 OR 891-4193

Dated this 10 day of
AUGUST, 2007

JIMMY T. STRINGER
P.O.BOX 1421
Oakland, Ca. 94604
#510-302-8243

POS-040(D)

SHORT TITLE:

Disable Petitioner seeks Monetary Relief

CASE NUMBER:

ATTACHMENT TO PROOF OF SERVICE—CIVIL (DOCUMENTS SERVED)

(This Attachment is for use with form POS-040)

The documents that were served are as follows (describe each document specifically):

13 page Petition of Complaint

Medication Description

Med 2 Illustration

Disability Judgment & Evaluation by John Mallet

DMV Form & Dr. White's statement

Personal Reference from good hard working people

Total 2 pages with Exhibits of DMV and Resubmitting

Bills

SOCIAL SECURITY ADMINISTRATION

Refer To: 255-27-6925

Office of Hearings and Appeals
Atlanta Federal Center
60 Forsyth Street S.W.
Suite 2 M 15
Atlanta, GA 30303

Date: AUG 10 2005

Jimmy T. Stringer
241 Troy Street Apt 13
Atlanta, GA 30314

910 945 2489

NOTICE OF DECISION - FULLY FAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How to File an Appeal

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

See Next Page

II. MAKING PERFORMANCE ADJUSTMENTS

Check the blocks representing the individual's ability to adjust at a job and complete item #4.

Ability to understand, remember and carry out	Unlimited	Good	Fair	Poor	None
1. Complex job instructions					
2. Detailed, but not complex job instructions		✓			
3. Simple job instructions	✓				
4. Describe any limitations and include the medical/clinical findings that support this assessment: i.e., intellectual ability, thought or organization, memory, comprehension, etc.					
<p>As can be seen from his test scores, when he is not distracted by pain he obtained a Verbal IQ of 89, Performance IQ 97, Full Scale IQ 91; General Memory 93, Working memory 91. When distracted by pain, he is helpless.</p>					

III. MAKING PERSONAL/SOCIAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust personally and socially.

Ability	Unlimited	Good	Fair	Poor	None
1. Maintain personal appearance		✓			
2. Behave in an emotionally stable manner		←→			
3. Relate predictable in social situations			✓		
4. Demonstrate reliability		←→			
5. Describe any limitations and include the medical/clinical findings that support this assessment.					
<p>There is immaturity emotionally stemming from loss of his biological father. There is further emotional damage as a depressive reaction to his neurological disturbance. He may direct anger towards himself.</p>					

MEDICAL ASSESSMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (MENTAL)☐ As of patient's last visit (_____)☐ As of _____

STRINGER, JIMMY

255-27-6925 720 1036933

404-794-7945 26 DIB

CDT636A 86 7444 12/01/2003

To determine this individual's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us an assessment – **BASED ON YOUR EXAMINATION** – of how the individual's mental capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not the individual's age, sex or work experience.

For each activity shown below:

(1) Describe the individual's ability to perform the activity according to the following terms:Unlimited

Ability to function in this area is not limited by a mental impairment.

Good

Ability to function in this area is more than satisfactory.

Fair

Ability to function in this area is limited but satisfactory.

Poor

Ability to function in this area is seriously limited but not precluded.

None

No useful ability to function in this area.

(2) Identify the particular medical or clinical findings (I.E. mental status examination, behavior, intelligence test results, and symptoms) which support your assessment of any limitations.

IT IS IMPORTANT THAT YOU RELATE PARTICULAR MEDICAL FINDINGS TO ANY ASSESSED LIMITATION IN CAPACITY. THE USEFULNESS OF YOUR ASSESSMENT DEPENDS ON THE EXTENT TO WHICH YOU DO THIS.

I. MAKING OCCUPATIONAL ADJUSTMENTS

Check the blocks representing the individual's ability to adjust to a job and complete item #9.

Ability	Unlimited	Good	Fair	Poor	None
1. Follow work rules		✓			
2. Relate to co-workers			✓	✓	
3. Deal with the public			✓		
4. Use judgment			✓		
5. Interact with supervisors				✓	
6. Deal with work stresses			✓		
7. Function independently				✓	✓
8. Maintain attention/concentration					

9. Describe any limitations and include the medical/clinical findings that support this assessment.

This claimant has a Neurological Disorder: when he experiences jabs of pain, he is temporarily out of action. He also is experiencing a general slowing down of his illness.



APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

(NOTE: For lost, stolen, or mutilated disabled person or disabled veteran license plates or placard, please complete an Application For Replacement Plates, Stickers, and Documents [form REG 156 available on DMV Web]).

Please check at least one of the following boxes:

- | | | | |
|---|--------|--|--------|
| <input checked="" type="checkbox"/> Permanent Parking Placard | No Fee | <input checked="" type="checkbox"/> Disabled Person License Plates | No Fee |
| <input type="checkbox"/> Temporary Parking Placard | \$6 | <input type="checkbox"/> Travel Parking Placard | No Fee |

Travel Parking Placards are issued to applicants with permanent disabilities. A California resident, applying for a Travel Parking Placard, must have a permanent parking placard or disabled person or disabled veteran license plates, but not both. Travel Parking Placards are issued to non-residents for no more than 90 days and to California residents for no more than 30 days.

All applicants must complete sections A, B and E. Disabled Person License Plate applicants must also complete section C.

A. APPLICANT'S TRUE FULL NAME (PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE NAME	OR ORGANIZATION NAME	DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)	
Stringer		Jimmie				Month 01	Day 19
RESIDENCE OR ORGANIZATION ADDRESS APT/SPACE						DRIVER LICENSE/ID NUMBER (NOT REQUIRED FOR ORGANIZATIONS)	
						5WEH527	
CITY	STATE		ZIP CODE		DAYTIME TELEPHONE NUMBER		
Oakland	Ca		94604		(510) 365-2273		
MAILING ADDRESS	APT/SPACE		CITY	STATE	ZIP CODE		
P.O. Box 1421			Oakland	Ca	94604		

B. Were you ever issued Disabled Person or Disabled Veteran License Plates or a Permanent Parking Placard in California?

- ☐ YES - A doctor's disability certification is NOT required, unless the placard was canceled by the department or is no longer on record. The disabled person or veteran license plates or permanent placard number is 675489.
- ☐ NO - A doctor's certification is required. The doctor must complete sections F and G on the reverse side.

C. IF YOU ARE APPLYING FOR DISABLED PERSON LICENSE PLATES, please describe the vehicle that is registered to you on which you will put the disabled person license plates.

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	MAKE
5WEH527	5H4CC2559ACD19350	Acura Vigor 92

COMMERCIAL VEHICLE EXEMPTION

In requesting an exemption from weight fees for the vehicle described above, it weighs less than 8,001 pounds unladen and is the only commercial vehicle for which I have requested this exemption. ☒ Yes ☐ No

D. IMPORTANT INFORMATION - PLEASE READ

IT IS ILLEGAL

- | | |
|---|--|
| <ul style="list-style-type: none"> To allow someone to use your placard, if you are not in the vehicle. For an individual to have more than one permanent placard. To provide false information to obtain a placard or disabled person plates. | <ul style="list-style-type: none"> To possess or display a counterfeit placard. To alter a placard or placard identification card. To forge a doctor's signature. |
|---|--|

IMPORTANT

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the **cancellation and revocation** of the placard and loss of the privileges it provides.
- Placard and disabled person license plate abuse is a misdemeanor punishable by a fine of not less than \$250, not more than \$1,000, or by imprisonment in a county jail for not more than 6 months, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$1,500, for each conviction.
- To alter, forge, counterfeit or falsify a plate is a felony punishable by 16 months to 3 years in a state prison or up to 1 year in the county jail.
- A person who forges, counterfeits, falsifies or passes, attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard, or a person who displays with fraudulent intent, or causes or permits to be displayed a forged, counterfeit or false placard is guilty of a misdemeanor and upon conviction shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.
- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

E. APPLICANT'S SIGNATURE AND CERTIFICATION

- ☒ I have read the "Important Information" in section D and I fully understand and take responsibility for the use of the disabled person placard or plates that are issued to me.

I certify under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct and that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

☒ Permanently or ☐ Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE)	DATE	SIGNATURE OF APPLICANT
Oakland Ca.	1-29-07	<i>Jimmie Stringer</i>

APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

disabled veteran license plates or placard, please complete an Application For 156 available on DMV Web]].

- ☒ Disabled Person License Plates
☐ Travel Parking Placard

No Fee
No Fee

ermanent disabilities. A California resident, applying for a Travel Parking disabled person or disabled veteran license plates, but not both. Travel Parking days and to California residents for no more than 30 days.

ed Person License Plate applicants must also complete section C.

APPLICANT NAME		DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)	
		Month <u>01</u>	Day <u>19</u> Year <u>71</u>
		DRIVER LICENSE/D NUMBER (NOT REQUIRED FOR ORGANIZATIONS)	
		<u>5WEH527</u>	
ZIP CODE		DAYTIME TELEPHONE NUMBER	
<u>94604</u>		<u>(510) 365-2273</u>	
CITY	STATE	ZIP CODE	
<u>Oakland</u>	<u>Ca.</u>	<u>94604</u>	

Veteran License Plates or a Permanent Parking Placard in California

red, unless the placard was canceled by the department or is no longer on s or permanent placard number is 675489

must complete sections F and G on the reverse side.

LICENSE PLATES: Please describe the vehicle that is registered to you or

NUMBER	MAKE
<u>59ACD19350</u>	<u>Acura Vigor 92</u>

VEHICLE EXEMPTION: The vehicle described above. It weighs less than 8,001 pounds unladen and is the exemption. ☒ Yes ☐ No

INFORMATION - PLEASE READ

- the vehicle.
- acard.
- bled person plates.
- To possess or display a counterfeit placard.
- To alter a placard or placard identification card.
- To forge a doctor's signature.

on to whom it is issued. The disabled person does not have to own or drive the

h and revocation of the placard and loss of the privileges it provides.

isdemeanor punishable by a fine of not less than \$250, not more than \$1,000, months, or by both fine and imprisonment. The court may also impose a civil

unishable by 16 months to 3 years in a state prison or up to 1 year in the county

attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or ulent intent, or causes or permits to be displayed a forged, counterfeit or false shall be punished by imprisonment in the county jail for 6 months or by a fine

of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.

- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

APPLICANT'S SIGNATURE AND CERTIFICATION

I have read the "Important Information" in section D and I fully understand and take responsibility for the use of the disabled person placard or plates that are issued to me.

I certify under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct and that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

☒ Permanently or ☐ Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE)

DATE

SIGNATURE OF APPLICANT

021 0 0

1-19-17

CD D CD

AP
James Strifer
Must
Complete
OR P41 do
P neuro sees pt
of radiated
pls advise pt.
White
2/8/07

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612
Phone: (510) 451-4270 Fax: (510) 451-4285

Patient: Janine Striper Provider: Dr. White

Comments:

☒ Medical: Short/Long ☐ Labs ☐ Fasting

☐ Psych-Social: New/Follow Up ☐ Other:

Please make an appointment in days/wks/mos

☐ OK TO DOUBLE BOOK

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: Reason:

Date/Fecha: 10/17/06 Time/Hora: 9:30 AM

NOTICE / NOTA

Please give us 24 hour notice if you cannot keep your appointment and need to cancel.

Por favor denos un aviso de 24 horas si usted no puede asistir a su cita o necesita cancelar.

Re: Janine Striper

neuro most complete

or pldo

P neuro sees pt
of indicated
Pl advise pt.

Dr. White
2/2/07

EX 3

1. Exhibit (1) is reference to the act of refusing to see patient and Exh (2) would indicate the rescheduled time + date.

2. Exh (3) is the statement Dr. White wrote for the patient

Lifelong Medical Care
Downtown Oakland Clinic
616 16th Street
Oakland, CA 94612
Phone: (510) 451-4270 Fax: (510) 451-4285

Patient: Janine Striper Provider: White

Comments:

☐ Medical: Short/Long ☐ Labs ☐ Fasting

☐ Psych-Social: New/Follow Up ☐ Other:

Please make an appointment in days/wks/mos

☐ OK TO DOUBLE BOOK

PLEASE BRING A LIST OF YOUR PRESCRIPTIONS

Your appointment is with / Su cita es con:

Provider: Dr. White Reason: Physical

Date/Fecha: 11/03/06 Time/Hora: 2:00 AM/PM

EX. 2

NOTICE / NOTA

**Please give us 24 hour notice if you cannot keep you

STRINGER, JIMMIE

Radiology

PAGE 1

MRI Spin 01/29/07 15:55 --

01/29/07 03:55PM

MRI C SPINE WO/CON

ULL REPORT: MRI, cervical spine.

MRI of cervical spine was performed axial and sagittal T1 and T2. There is disc space narrowing at C4-5, 5-6, and 6-7 with minimal bulging posteriorly at these levels as well as C3-4 upon the ventral subarachnoid space of the cervical canal. No spinal cord abnormality apparent.

Neural foramina: C2-3 normal, C3-4 minimal narrowing on the right, C4-5 minimal narrowing bilaterally, C5-6 moderate narrowing, left, and C7-T1 not visualized on the axial.

IMPRESSION: Disc degeneration and mild spinal stenosis, as described.

Interpreted by: Arthur T. Gronner, M.D.

Electronically Signed by: Arthur T. Gronner, M.D.

178 Disc degeneration and mild spinal stenosis, as described.

Electronically Signed by: Arthur T. Gronner, M.D.

15:45 06/27/07 FROM 4XWA,OIPRTGFL

.7BP0745

RADIOLOGY REPORT
GRADY HEALTH SYSTEM

80 Butler Street SE
Atlanta, Georgia 30335-3801

000014560031
Jimmie T Stringer

3297306

Time of Exam:

Floor/Clinic:

MRI TSPINE WO CONTRAST

Michael B Jones,

Paul Carpenter

216
4-307

RADIOLOGY REPORT
GRADY HEALTH SYSTEM
80 Butler Street SE

Atlanta, Georgia 30335-3801

000014560031
Jimmie T Stringer

3297306

Time of Exam: Floor/Clinic:
16Apr2002 17:24 NEURO

(Pt. Type: 01 00 00)

Procedures Requested By: Dr James Bicksel Id:99114
Attending Physician: Dr James Bicksel Id:99114
MRI, CSPINE WO CONTRAST
MRI TSPINE WO CONTRAST

Procedures Performed:
Same as above.

Date Dictated: 17Apr2002

Date Transcribed: 17Apr2002

MRI, CSPINE WO CONTRAST

History: Shooting pains within the thoracic spine

Technique: Multi-planar MRI was performed of the cervical and thoracic spine

Findings: Vertebral body heights and marrow signal are preserved throughout. Alignment remains anatomic. The spinal cord demonstrates normal configuration and signal characteristics throughout all imaged levels. Disc spaces are normal in appearance throughout the spine with the exception of the following levels:

C3-4: Prominent left disc osteophyte causing moderate neural foraminal compromise on the left but minimal effect on the spinal canal.

C4-5, C5-6, C6-7: Minimal dorsal disc osteophyte formation with hypertrophy of the joints of Luschka causing mild neural foraminal compromise on the left, but no canal compromise.

T2-3, 3-4 and T9-10 degenerative disc changes with mild dorsal disc displacement causing mild effacement of the thecal sac at T9-10, and to a lesser degree at T2-3. The cord is not affected. Neural foramina are patent at all imaged levels.

IMPRESSION:

Impression:

1. Mild-to-moderate chronic cervical and thoracic degenerative disc changes as described, most severe at C3-4 where there is moderate left neuroforaminal compromise.
2. No evidence of pathology which could account for a thoracic radiculopathy.

This study was personally reviewed by Dr. Paul Carpenter, the attending radiologist in this case.

(CONTINUED ON NEXT PAGE)

RADIOLOGY REPORT
GRADY HEALTH SYSTEM

80 Butler Street SE
Atlanta, Georgia 30335-3801

000014560031
Jimmie T Stringer

3297306

Time of Exam:

Floor/Clinic:

MRI TSPINE WO CONTRAST

Michael B Jones,

Paul Carpenter

NAME: _____ MRN: _____ DATE: _____ DR. _____

MEDICATION	am	afternoon	evening
Neurontin 800mg 12/18-12/25 ✓	0	0	1/2
12/26-1/3	0	1/2	1/2
1/4-1/11	1/2	1/2	1/2
1/12-1/19	1/2	1/2	1
1/20-1/27	1/2	1	1
1/28-2/5	1	1	1

GENERIC NAME	TRADE NAME	COMMON PILL SIZES
carbamazepine	Tegretol	100mg, 200mg
carbamazepine-XR	Tegretol-XR	100mg, 200mg, 400mg
clonazepam	Klonopin	0.5mg, 1mg, 2mg
felbamate	Felbatol	400mg, 600mg
gabapentin	Neurontin	100mg, 300mg, 400mg
lamotrigine	Lamictal	25mg, 100mg, 150mg, 200mg
phenobarbital	phenobarbital	15mg, 30mg, 60mg
phenytoin	Dilantin	30mg, 50mg, 100mg
primidone	Mysoline	50mg, 250mg
topiramate	Topamax	25mg, 100mg, 200mg
valproic acid or valproate	Depakote	250mg, 500mg

Document Name: untitled

NODE:HNA-0271

ENV:325

USERNAME:PHYSICIAN/NURSE

PNS (00000)14560031

STRINGER, JIMMIE T
Result not available
ANSLEY, JOSEPH D

S225

33 YRS. M DOB 01/19/71

- 1 A Oxycodone-APAP 325-5mg Tab
- 2 A Ibuprofen 600mg (Q) Tab UPJ
- 3 A Venlafaxine 37.5mg Tab WYE

ORAL
ORAL
ORAL

- 4 D Diazepam 5mg Tab
 - 5 D Oxycodone-Acetaminophen 5-3. 10 mg/2 Tab
 - 3 D Oxycodone-Apap 5-325 TAB MA 2 Tab/2 Tab
 - 7 D Sertraline 50mg (Q/I) Tab P
 - 3 D Ibuprofen 800mg TAB *
 - 1 D Clonazepam 0.5mg TAB TEV 10
 - 1 D Gabapentin 800mg (Q) Tab PA
 - D Oxycodone-Apap 5-325 TAB MA
 - D Oxycodone-Acetaminophen 5-3 + Tab/1 Tab
- * * * more data * * *

ORAL PYXIS P 05/22 05/22
ORAL PYXIS P 05/22 05/22
ORAL 03/24a
ORAL 03/24a*
ORAL 03/24a
ORAL 03/24a*
ORAL 03/24a*
ORAL 11/04a
ORAL PYXIS P 10/12 10/12

re number:

Document Name: untitled

NODE:HNA-0174 ENV:325 USERNAME:PHYSICIAN/NURSE

PNS (00000)14560031

STRINGER, JIMMIE T

M158

31 YRS M DOB 01/19/71

Result not available

Sum nka Prof rxHist Frm

A 005701613 Gabapentin 300mg (F)	360.0	3.0	04/12	04/12	U-R
R 005701614 Amitriptyline 25mg (*)	30.0	3.0	04/12	04/12	U-R
R 005690037 Diazepam 5mg TAB ESI	55.0	2.0	03/29	03/29	GHS-PH
R 005690036 Gabapentin 300mg (F)	180.0	2.0	03/29	03/29	GHS-PH
R 005665399 Cyclobenzaprine 10mg	60.0	2.0	02/28	02/28	GHS-PH
R 005665398 Ibuprofen 400mg (F) T	70.0	2.0	02/28	02/28	GHS-PH
D 005627191 Hydrocodone-Apap 5-50	10.0	0.0	01/12	01/12	UC
D 005627177 Penicillin 250mg TAB	80.0	0.0	01/12	01/12	U-R
D 005627178 Hydrochlorothia 25mg	10.0	0.0	01/12	01/12	UC
D 005621413 Ibuprofen 800mg (F) T	60.0	0.0	01/05	01/05	UC

available

KAISER
PERMANENTE

VISIT VERIFICATION/FAMILY LEAVE Health Care Provider Certification

(This section must be completed and determined by treating provider only)

THE ABOVE NAMED PERSON:

☐ NO, does not have a "Serious Health Condition" (see reverse for further information) OR☐ YES, has a "Serious Health Condition", as defined below (check one):

1. ☐ Hospital care 4. ☒ Chronic condition requiring treatment
 2. ☐ Absence plus treatment ☒ is currently incapacitated
 3. ☐ Pregnancy ☐ is not currently incapacitated
 5. ☐ Permanent/long-term condition requiring supervision 6. ☐ Multiple treatments (non-chronic condition)
- ☐ Has a "Serious Health Condition" and requires a family member to take time off from work to provide basic medical, personal or safety needs, transportation, or psychological comfort. The probable frequency and duration of this need is _____

☐ Estimated date of Surgery/Procedure/Delivery: _____☐ Diagnosis (Complete on patient request only): _____

THE ABOVE NAMED PERSON:

- ☒ Was seen at this office on: 7/1/07 ☐ Has been given telephone advice on: _____
- ☒ Has been ill and unable to attend work/school/physical education 7/1/07 through 7/10/07
- ☐ States he/she has been ill and unable to attend work/school/physical education _____ through _____ OR
- ☐ Can return to full duties with NO RESTRICTIONS on _____
- ☐ Can participate in a modified work program starting _____ and continuing to _____
 (Please note: If modified work is not available, this patient is then unable to work for this time period.)

☐ Restrictions: _____ hours per day _____ hours per week

BASED ON AN 8-HOUR DAY EMPLOYEE CAN:

stand/walk _____ minutes per hour	_____ total hours	<input type="checkbox"/> no restrictions
sit _____ minutes per hour	_____ total hours	<input type="checkbox"/> no restrictions
drive _____ minutes per hour	_____ total hours	<input type="checkbox"/> no restrictions

LIFT/CARRY (Occasionally = up to 1/3 workday. Frequently = up to 2/3 workday):

0-10 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
11-25 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
26-40 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions

Can lift/carry up to _____ lbs.

EMPLOYEE IS ABLE TO:

bend <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
squat <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
kneel <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
climb <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
reach above shoulders <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
perform repetitive hand motions <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions

ASSISTIVE DEVICES? (e.g., cast, brace, crutches) _____

RESTRICTIONS: _____

OTHER: _____

TREATMENT PLAN:

Needs to see his Primary Care Physician and
work with him to get his chronic condition treated.☐ Medication effects which could impair performance: _____☐ Physical therapy required. Frequency: _____

NOTE: If patient is industrial, physician signature is REQUIRED.

SIGNATURE AND TITLE

DATE 7/1/07

Standard Register ® ZIPSET®

KAISER
PERMANENTE®

VISIT VERIFICATION/FAMILY LEAVE Health Care Provider Certification

(This section must be completed and determined by treating provider only)

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1. ☐ Hospital care
 2. ☐ Absence plus treatment
 3. ☐ Pregnancy
 4. ☒ Chronic condition requiring treatment
 ☒ is currently incapacitated
 ☐ is not currently incapacitated

5. ☐ Permanent/long-term condition requiring supervision 6. ☐ Multiple treatments (non-chronic condition)☐ Has a "Serious Health Condition" and requires a family member to take time off from work to provide basic medical, personal or safety needs, transportation, or psychological comfort. The probable frequency and duration of this need is _____☐ Estimated date of Surgery/Procedure/Delivery: _____☐ Diagnosis (Complete on patient request only): _____

THE ABOVE NAMED PERSON:

☒ Was seen at this office on: 7/1/07 ☐ Has been given telephone advice on: _____☒ Has been ill and unable to attend work/school/physical education 7/1/07 through 7/10/07☐ States he/she has been ill and unable to attend work/school/physical education _____ through _____☐ Can return to full duties with NO RESTRICTIONS on _____ OR☐ Can participate in a modified work program starting _____ and continuing to _____
(Please note: If modified work is not available, this patient is then unable to work for this time period.)☐ Restrictions: _____ hours per day _____ hours per week

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sit _____ minutes per hour	_____ total hours	<input type="checkbox"/> no restrictions
drive _____ minutes per hour	_____ total hours	<input type="checkbox"/> no restrictions

LIFT/CARRY (Occasionally = up to 1/3 workday. Frequently = up to 2/3 workday):

0-10 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
11-25 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
26-40 lbs. <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions

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EMPLOYEE IS ABLE TO:

bend <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
squat <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
kneel <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
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reach above shoulders <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions
perform repetitive hand motions <input type="checkbox"/> not at all <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> no restrictions

ASSISTIVE DEVICES? (e.g., cast, brace, crutches) _____

RESTRICTIONS: _____

OTHER: _____

TREATMENT PLAN:

Needs to see his Primary Care Physician and
work with him to get his chronic condition treated.☐ Medication effects which could impair performance: _____☐ Physical therapy required. Frequency: _____

NOTE: If patient is industrial, physician signature is REQUIRED.

DATE 7/1/07

Alameda Co Medical Center == Highland Campus Emergency Dept
1411 East 31st St., Oakland, CA 94602 == (510) 437-4559

Pt Name: Stringer, Jimmie

Pt Acct: 1008391318 MR#: 016553315

Pt Name: Stringer, Jimmie

MD ED: Singh A.

Res/PA/NP: None

DI Prntd: 6/27/2007 1720

RN Eval: Deirdre A.

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses/prescriptions today are:

Dx 1: possible stress fracture of base of right 5th metatarsal

Rx 1: Vicodin (Hydrocodone & Acetaminophen)

Dose/Conc: 5mg/500mg

Disp: #15 tablets

Freq/Rte: 1-2 tablet by mouth every 4 to 6 hours as needed

Rx 2: Motrin (Ibuprofen)

Dose/Conc: 600mg

Disp: #30 tablets

Freq/Rte: 1 tablet by mouth every 8 hours as needed, with food

Rx Print Lctr ACMC Pharmacy

Please bring this to the Hospital Outpatient Pharmacy "Drop-Off" window to process your prescription(s),
"Por favor lleve este papel ala Farmacia y dejelo en la ventanilla "Drop-Off" para que su receta sea procesada."

Follow-up 1 Date: referral requested

Follow-up 1: Podiatry Clinic (K-7)

F/U 1 Ph: _____

1411 East 31st Street

K Bldg, 7Th Floor

Oakland

CA

94602

Other Instr: _____

EKGs and X-Rays: If you had an EKG or X-Ray today, it will be formally reviewed by a specialist the next business day. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The examination and treatment you have received in our Emergency Department have been rendered on an emergency basis only and will not substitute for definitive and ongoing evaluation and medical care. A follow-up physician has been designated for you. It is essential that you make arrangements for follow-up care with that physician as instructed. Report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. *Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.*

BILLING AND/OR FINANCIAL COUNSELING:

For billing inquiries and/or Financial Counseling, our specialists are available Monday-Friday, 8am - 430pm in the Admitting Office, window #6. After-hours you may leave a voicemail message at (510)437-4961.

Your call will be returned within 48 hours.

ALAMEDA COUNTY MEDICAL CENTER ADVICE NURSE TELEPHONE CARE PROGRAM: (510) 437-8341

There is a new way for Alameda County residents to access the Alameda County Medical Center and all of its services . . . the telephone! The Telephone Care Nurse will answer Basic Health related questions, refer to health care services and answer questions regarding medications for adults.

Hours of Operation: 8:30am to 4:30pm Monday-Friday-- Phone (510) 437-8341

TO WHOM IT MAY CONCERN.

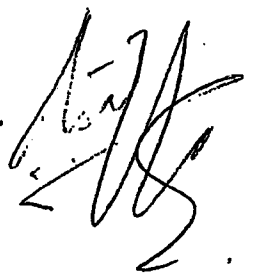
Mr, Stringer is a student in my CIS 105 class , and I have really enjoyed having him in the class .

He is hardworking , respectful and very committed to his studies.

I have witnessed Mr. Stringer go out of his way to give a helping hand to some of his classmates, after he has finished his own work . He is punctual , helpful and has a strong sense of discipline.

I will strongly recommend him to anybody.

**Mr. Albert Baah.
CIS Instructor.**

A handwritten signature in black ink, appearing to read 'Albert Baah', is written over the typed name and title.

July 28, 2003

To whom it May Concern:

This letter is to report that Mr. Stringer is a student in my Psychology 191 class. Mr. Stringer possesses good behavioral skills and is an active class participant. He adds interest and constructive views to class discussions, group and individual presentations. Mr. Stringer is alert, focused and provides and accepts feedback from his peers. It is a pleasure to have Mr. Stringer in my class.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marlene Y. Le Mon".

Marlene Y. Le Mon
Instructor

August 1, 2003

To Whom it May Concern,

I've known Mr. Stringer for at least 10 yrs. Within in those 10 yrs, we've work together, and have communicated with as friends throughout the years. Mr. Stringer has never show any ^{form} of violence, or having a temper. He has shown neither but kindness towards me + family members. If there is any problems, are you need to contact me the number is (706) 687-6241,

Sincerely,
Myelle Barlow

Dear Mr. Embree

I'm A Childhood Friend OF Jimmy Stringer My name is Sheldon Taylor. When we where Fifteenth Years Old Jimmy fell Out OF a tree two Stories High falling on his right Side, also hitting his head on the ground. After making Sure he was Alright we Started lifting weights and his right Side just Collapsed and we had to grab the weights OFF OF him.

Over a two year Spand I've Seen jim Jimmy Stringer grab his head and also his heart I've also witness Jimmy Stringer take alot OF medication. ALSO listening to Jimmy Stringer on how this has effected his life ~~taking~~ taking ~~of~~ the fact that he is unable to work to Provide for his Family. not able to get the things he needs AS well as some OF the things he wants. And that's a lot to deal with when you are used to working but Can't because you have ~~an~~ An dissability.

Sincerely
Sheldon Taylor
~~Sheldon Ray~~

KAISER
PERMANENTE®Oakland Medical Center
Health Education Department

Name: _____

MR#: _____

REFERRAL FOR ORTHOPEDIC PRODUCTS PURCHASE

REFERRING MD <i>Sharpston</i>	DEPARTMENT <i>med</i>	IMPRINT AREA
EXTENSION <i>26496</i>	DATE <i>8/7/07</i>	

STEP #1 To Patients: Go to the indicated cast room FIRST for fitting and instructions.
To Physicians: Select product for purchase and check in the gray area.

<input checked="" type="checkbox"/>	For items listed below, go to: Orthopedics Cast Room 1st Floor of the Main Hospital
<input type="checkbox"/>	Ankle Support with Wrap <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XLg
<input type="checkbox"/>	Back Support <input type="checkbox"/> Sm/Med <input type="checkbox"/> Lg/XLg
<input type="checkbox"/>	Elastic Knee Support <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XLg
<input type="checkbox"/>	Wrist Support <i>Right</i> <input checked="" type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <i>Left</i> <input type="checkbox"/> XS <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
<input type="checkbox"/>	Cervical Collar <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
<input type="checkbox"/>	Thumb Spica - No fitting needed <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/>	Tennis Elbow Band - No fitting needed <input type="checkbox"/> One-size

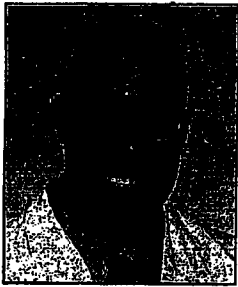
<input checked="" type="checkbox"/>	For the items listed below, go to: Podiatry Cast Room Ground Floor of 3772 Howe Street
<input type="checkbox"/>	Heel Lifts <input type="checkbox"/> 2 x 3/16 <input type="checkbox"/> 2 x 5/16 <input type="checkbox"/> 2 1/2 x 3/16 <input type="checkbox"/> 2 1/2 x 5/16 <input type="checkbox"/> 2 1/2 x 7/16 <input type="checkbox"/> 3 x 3/16 <input type="checkbox"/> 3 x 5/16
<input type="checkbox"/>	Metatarsal Pads <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
<input type="checkbox"/>	Pedi Foam Sleeves <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
<input type="checkbox"/>	Toe Crest Pads <i>Right</i> <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <i>Left</i> <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
<input type="checkbox"/>	Scaphoid Pads <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg
For cast room use only	

STEP #2 To Patient: To purchase the product go to:

Health Education Center, 3772 Howe Street, Ground Floor
 Open Monday - Friday, 9 a.m. - 4:30 p.m.
 We accept cash, check, or charge. We do not bill.

HEC STAFF

DATE



Thomas Sharpton, MD

My Contact Information

Office:

Adult Medicine
3801 Howe Street
Oakland, CA 94611

Phone:

Call 510-752-1190 to schedule an appointment, speak with an advice nurse, or leave me a message. These services are available 24 hours a day.

E-mail and home page:

Go to kp.org/mydoctor/thomassharpton to my home page to e-mail me your health questions, learn more about me, and find health information that my colleagues and I have reviewed.

From my home page you can also:

- Schedule appointments
- Request prescription refills
- Browse our health and drug encyclopedias

Useful Phone Numbers

For questions about your health plan benefits and coverage:

800-464-4000

800-777-1370 (TTY)

For prescription refill requests:

510-752-7651

To cancel an appointment:

510-752-1190

September 2, 2006

Dear Jimmy T Stringer,

Welcome to my practice!

510-752-7682

At Kaiser Permanente, we believe that your relationship with a personal physician is central to your health care experience. As your personal physician, I will partner with you to meet your adult health needs. Here's some information about me and other resources that will help you get acquainted with our Department of Adult Medicine at the Oakland Medical Center.

I graduated from medical school at Stanford University in Stanford, CA. I attended residency training at Veterans Administration Medical Center in Martinez, CA. I am board certified in Internal Medicine by the American Board of Internal Medicine.

In 1980, I joined Kaiser Permanente and am proud of our 60-year history of providing high quality, evidence-based medicine. One of the great benefits of practicing medicine in Kaiser Permanente is that I can focus on my patients without having to worry about insurance authorizations and paperwork. Also, with so many excellent physicians working together in the same integrated system, I can call on the expertise and experience of my colleagues should you need care from a specialist.

Finally, I'm excited to let you know about my home page and encourage you to visit kp.org/mydoctor/thomassharpton. From my home page you can e-mail me your health questions and can usually expect a response from me within two business days. To e-mail me, schedule routine appointments, or refill prescriptions online, go to my home page and register for a secure password. The password will be mailed to your home address in three to seven business days.

I look forward to being your personal physician and helping you to achieve your health goals.

Sincerely,

T. Sharpton MD

Thomas Sharpton, MD

welcome to my practice



NOTTE & KREYLING, P.C.
ATTORNEYS AT LAW
11770 HAYNES BRIDGE ROAD 205 - 104
ALPHARETTA, GEORGIA 30004

July 10, 2007

GP

JIMMIE STRINGER
P O BOX 1421
OAKLAND, CA 94604-

Re: Georgia Power Company ("Georgia Power") Account No.: 4130745045
Amount Due: \$ 260.08

Dear JIMMIE STRINGER,

Your account with Georgia Power is seriously past due and has been referred to my firm. It is imperative that you take prompt action to clear this balance. I strongly urge you to contact Georgia Power and make arrangements to voluntarily pay your past due debt.

Unless you notify Georgia Power that you dispute the validity of the debt or any portion of it, within thirty (30) days after receiving this notice, Georgia Power will assume this debt is valid and shall continue its pursuit of this debt even during the thirty (30) day period. If you notify Georgia Power in writing within thirty (30) days of receiving this notice, Georgia Power will provide you with verification of the debt, if it has not already been done. There has been no judgment to date and none is currently being sought.

Please be advised that Georgia Power, the original and current creditor on this debt, is attempting to collect this debt and will use any information acquired for that purpose. Finally, if payment arrangements are not made with Georgia Power within thirty (30) days, additional steps may be taken by Georgia Power to collect this debt. If the debt remains unpaid, then litigation on the claim may be undertaken by Georgia Power. Should such court action prevail, you may be subject to court costs and, in some cases, attorney's fees.

Georgia 30348, Phone 1-800-494-0385. ~~GEORGIA POWER COMPANY, P.O. Box 105537, Atlanta,~~

Any checks or payments must go directly to GEORGIA POWER COMPANY, 96 Annex, Atlanta, Georgia 30396-0001

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Very truly yours,

Gregg Notte

GN/kk

REPORT-ID: 550-A
RUN-DATE: 04/09/2007
RUN-TIME: 10:36 \$JRP

CITY OF KILAND - PARKING
MULTIPLE TICKET LIST

LICENSE SWEH527 CA A AUTOMOBILE

VIN NO: JH4CC2559NC019350

DMV: 92 ACUR 4D EXP:08/14/2007

PAGE 1
AS OF: 04/09/2007

TICKET NO	DATE	ISSUED	TIME	OFFCR	VIOLATION(S)	LOCATION	MAKE	TYPE	COLOR	*-----	STATUS	DATE	AMOUNT	DUE
OWNER'S NAME:	STRINGER JIMMIE													
00153018693	01/16/2007	12:48	10		10.28.240	2341 VALLEY ST	ACUR	4DR	WHT	44	DSMD	02/26/2007		
00828573174	01/18/2007	09:41	18		10.28.240	3732 ALLENDALE AVE	ACUR	4D	WHT	20	NTFY	02/19/2007	125.00	
00154902545	02/06/2007	12:34	12		10.28.240	620 14TH ST	ACUR	4DR	WHT	20	NTFY	03/05/2007	96.00	
00828890205	02/21/2007	11:57	346		10.36.050	1404 MLK	ACUR	4D	WHT	20	NTFY	03/23/2007	35.00	
00828024813	02/23/2007	11:11	345		10.36.050	1413 MLK JR WAY	ACUR	4D	WHT	20	NTFY	04/06/2007	35.00	
00828948978	02/24/2007	14:01	256PC		10.36.050	610 14TH ST	ACUR	4D	WHT	20	NTFY	03/23/2007	35.00	
00828976093	02/27/2007	09:53	328PC		10.36.050	1402 MARTIN LUTHER K	ACUR	4D	WHT	15	NTCP	04/06/2007	35.00	
00153335232	03/02/2007	09:47	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	20	NTFY	03/12/2007	70.00	
00153335294	03/03/2007	10:43	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	20	NTFY	03/12/2007	70.00	
00153335347	03/03/2007	16:56	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	20	NTFY	03/12/2007	70.00	
00828204256	03/06/2007	16:00	329PC		10.36.050	1416 MLK JR WAY	ACUR	4D	WHT	20	NTFY	04/06/2007	35.00	
00828933908	03/08/2007	12:35	170		10.28.190	1404 MLKJRWAY	ACUR	4D	WHT	15	NTCP	04/06/2007	35.00	
00828933919	03/08/2007	12:35	170		10.36.050	1404 MLKJRWAY	ACUR	4D	WHT	15	NTCP	04/06/2007	35.00	
00828934030	03/09/2007	08:07	170		10.36.050	1404 MLK JR WAY	ACUR	4D	WHT	15	NTCP	04/06/2007	35.00	
00828934546	03/14/2007	08:43	170		10.36.050	1411 MLKJRWAY	ACUR	4D	WHT	15	NTCP	04/06/2007	35.00	
00829207511	03/16/2007	10:23	170		10.36.050	1411 MLKJRWAY	ACUR	4D	WHT	15	NTCP	04/09/2007	35.00	
00829207522	03/16/2007	10:25	170		10.28.190	1411 MLKJRWAY	ACUR	4D	WHT	15	NTCP	04/09/2007	40.00	

OWNER'S NAME: SWEH527

TOTAL TKTS/DUE: 17

826.00

00150923817 03/23/2007 22:40 328
00153929325 03/26/2007 09:14 323
00153929359 03/26/2007 14:25 323
00150624881 03/27/2007 14:19 325

10.36.050
10.36.050
10.36.060
10.28.190

MARTIN LUTHER KING JR WY
MARTIN LUTHER KING JR WY
MARTIN LUTHER KING JR WY
154 10TH ST

ACUR 4DR WHT
ACUR 2DR WHT
ACUR 2DR WHT
ACUR 4DR WHT

50 LINV 03/29/2007
50 LINV 03/29/2007
50 LINV 03/29/2007
50 LINV 04/02/2007

TOTAL TKTS/DUE: 4

145.00

445-744-3505